

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO 101656238 FILING DATE _____
 APPLICANT(S) _____

CLAIMS						
	AS PREPARED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL IND. <u>1</u> TOTAL DEP. <u>10</u> TOTAL CLAIMS <u>11</u>						

	AS PREPARED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND. <u>1</u> TOTAL DEP. <u>3</u> TOTAL CLAIMS <u>4</u>						